PATENT APPLICATION FEE DETERMINATION RECO								- Januare						
								Application or Docket Number						
										10	924/083			
CLAIMS AS FILED - PART I (Column 1) (Column 2)									. ENTITY			OTHE	R THAN	
F	OTAL CLAIM	S	Colun	ור חו	(Col	umn 2) ·	1	TYPE		3	OR	SMALL ENTITY		
FOR								RATE FEE		FEE	]	RATE	FEE	
			NUMBER FILED		NUM	BER EXTRA		BASIC F	EE 3	70.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		•		X\$ 9		.		OR	X\$18=	1	
INDEPENDENT CLAIMS			minus 3 =		*			X42=	_		7		<del> </del>	
М	ULTIPLE DEPE	NDENT CLAIM	PRESENT					172-			OR	X84=		
•	f the difference	e in column 1 i	loop the same and a work					+140=	-		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL			OR	TOTAL		
CLAIMS AS AMENDED - PART II												OTHER	THAN	
		(Column 1) CLAIMS		(Colur		(Column 3)		SMAL	L EN	TITY	OR	SMALL		
AMENDMENT A		REMAINING AFTER		NUMI PREVIO	BER	PRESENT		RATE	1	DDI- ONAL		RATE	ADDI-	
		AMENDMENT		PAID		EXTRA				EE		MAIL	TIONAL FEE	
2	Total	1./()	Minus		C	=		X\$ 9=			OR	X\$18=		
₩.	Independent	· S	Minus	5	>	= 0		X42=	1			X84=		
	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM			<del>.</del>	$\uparrow$		OR	-		
							Ĺ	+140=	`	\	OR	+280=		
							٠,	TOTA ODIT. FE			OR	TOTAL ADDIT. FEE		
		(Column 1) CLAIMS		(Colum		(Column 3)					_			
AMENDMENT B		REMAINING AFTER		NUME	ER	PRESENT		RATE		DDI- DNAL		7	ADDI	
		AMENDMENT		PAID		EXTRA		PAILE		EE		PATE	TIONAL FEE	
	Total	• /(/)	Minus	2	<u> </u>	<b>-</b> ()	1	X\$ 9=			OR	X\$184		
	Independent	. 5	Minus	### 5	)	= ()	ŀ	X42=_	4			X84=	<u>, , , , , , , , , , , , , , , , , , , </u>	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┟		+		OR			
	•	L	+140=	L	ν .	OR	+280=	<b>\</b>						
		A	TOTAL DDIT. FEE			OR	TOTAL VODIT, FEE	·						
			٠											
ပ		CLAIMS REMAINING		HIGHE NUMB	ER	PRESENT	.[			DI-			ADDI-	
		AFTER AMENDMENT		PREVIOL PAID F		EXTRA	ı	RATE		NAL EE		RATE	TIONAL FEE	
AMENDMENT C	Total	• 11	Minus .	- 20		=		X\$ 9=			OR	X\$18=		
	Independent	. 6	Minus	### S	•	= /	}		1-		İ	200	75.7	
1	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDENT	CLAIM		Ŀ	X42=	<del> </del>		OR	X94=	200	
• =	the estable and		+140=			OR	+280=							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **TOTAL ADDIT. FEE  **ADDIT. FEE												200		
T	he "Highest Num!	nber Previously Pa ber Previously Pak	ud For (N TH): I For (Total or	S SPACE is i Independen	less thar it) is the	n 3, enter "3." highest number				ate box				

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